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TO:	FROM:
Examiner Uyen Chau N. Le	MAK <i>SR</i> Mark A. Kupanoff, Reg. No. 55,349
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USPTO	AUGUST 31, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	14
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1182
RE:	APPLICATION NUMBER:
Response & Amendment	10/021,843
NOTES/COMMENTS:	

**FORMAL COMMUNICATION
INTENDED FOR ENTRY**

AUG 31 2006

PTO/SB/21 (09-04)

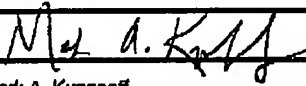
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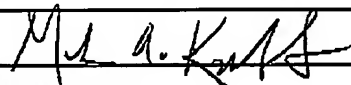
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/021,843	
	Filing Date	December 13, 2001	
	First Named Inventor	Raj BRIDGELALL	
	Art Unit	2876	
	Examiner Name	Uyen Chau N. Le	
Total Number of Pages in This Submission	13	Attorney Docket Number	1182

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Ingrassia Fisher & Lorenz		
Signature			
Printed name	Mark A. Kupanoff		
Date	August 31, 2006	Reg. No.	55,349

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Mark A. Kupanoff	Date	August 31, 2006

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